

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 26 1957

Registration District No.

318

Primary Registration District No.

1003

Registrar No.

5723

157 0 225 19
STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		Length of stay in 1b 298	
3. NAME OF DECEASED (Type or print) First Middle Last Frank Gaylord		4. DATE OF DEATH Month Day Year 6 15 57	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-31-1882
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dining Car Waiter		9b. KIND OF BUSINESS OR INDUSTRY Railroad	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dining Car Waiter		10b. KIND OF BUSINESS OR INDUSTRY Railroad	
11. BIRTHPLACE (City and state or country) Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Hershel Gaylord		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ?	
17. INFORMANT Eva Johnson		Address 1366 Shawmut Pl.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 443x DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Cardiac Insufficiency - Hypertensive Cardiovascular Disease (H)			INTERVAL BETWEEN ONSET AND DEATH undet.
19a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 6-10-57 to 6-15-57 and last saw him alive on 6-15-57 Death occurred at 4:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Hugh Waters, M.D.		22b. ADDRESS 2601 Whittier Street	
22c. DATE SIGNED 6-19-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-21-57	
23c. NAME OF CEMETERY OR CREMATORY St. Peters		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
24. FUNERAL DIRECTOR Ellis Funeral Home		25. DATE RECD. BY LOCAL REG. JUN 19 57	
26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.			

(Licensed Embalmer's Statement on Reverse Side)

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2281-12-21

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Frank E. Culkin*

Licensed Embalmer No. *419*

P. O. Address *1000*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above. 7-18-2